

World-Class Care

Boston Welcome Back Center Puts Internationally Educated Nurses Back To Work

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By the time you have finished reading this page, there will be even fewer nurses to care for you and your family, no matter where you live. Bunker Hill Community College, in partnership with Roxbury and Massachusetts Bay Community Colleges and the University of Massachusetts Boston are tackling the national nursing shortage "one nurse at a time."

We borrowed a simple idea from California, and there's room for hundreds of other colleges and universities to pitch in: Help professional nurses who are from other countries and living here in the United States become licensed to practice nursing here. We call our program "Welcome Back," because we are welcoming these professionals, many of whom have been stuck in low-wage jobs, back to their profession. New England is home to thousands of foreign-trained nurses who don't know how to re-enter their profession in the United States.

In two years, the Boston Welcome Back Center has helped 47 internationally educated nurses from 29 different countries obtain licenses and return to work. The program is working with more than 400 nurses from 72 countries who are legal residents of the United States. While all were nurses in their own countries, the steps required to obtain their United States licenses, including learning English in some cases as well as miles of bureaucratic red tape, are time-consuming. An internationally educated nurse who enrolls in the Welcome Back program full-time could be licensed and working in a hospital or a clinic in as little as a year. Most, however, work full- or part-time jobs—and may need two years or more to complete the program on a part-time basis. Either way, the program puts experienced nurses to work in less time than training new nurses; the fundamental nursing credential, an R.N., takes two years of full-time study.

The Boston Welcome Back Center is a workforce development program. Staff members act as case managers helping each participant over three major hurdles to gain a nursing license in the United States. The first, credential validation, can be the most difficult as it requires getting official transcripts from nurses' home countries. English competency must be at the level of the Test of English as a Foreign Language (TOEFL). The final step is the National Council Licensure Examination. No two Welcome Back participants face the same issues. The Center and its partners refer nurses

to a network of agencies, community organizations and churches to help each participant find the most convenient, least expensive services needed to clear the hurdles.

Participants were highly educated and experienced nurses in their homelands. Many say they want to return to their profession because nursing is their life. But multiple family and financial needs prevent most from focusing full-time on relicensing. Many Welcome Back nurses are political refugees. Others left war zones where they lost family members and friends. Using a client-centered case management approach, Welcome Back helps them find suitable English-as-a-Second Language classes and any remediation needed to restart their lives beyond nursing.

Many Welcome Back students received nursing education that varies from ours in the United States or practiced in places where the role of the nurse is different, so part of the training is to prepare them for the nature of U.S. nursing work. For example, U.S. nurses often have a level of autonomy in decision-making. Nurses from some other countries say they are often limited to following a doctor's explicit orders. Welcome Back helps these students understand how U.S. nurses can often take the initiative in care. Or a Welcome Back participant from a developing country may have been the primary health care provider around the clock, seven days a week, for communities with hundreds and even thousands of families. One eight-hour shift a day within a prescribed discipline, such as cardiac care or pediatrics, as at most U.S. jobs, constitutes a very different work environment. At the same time, some Welcome Back students bring experiences that can supplement the usual U.S. services. One current program participant who came to the United States under political asylum from Sierra Leone has extensive experience with the psychological and social rehabilitation of soldiers and families dealing with the trauma of war.

Massachusetts alone needs an estimated 5,000 nurses, and the shortage is deepening. Nurses are retiring and quitting faster than new nurses can be trained. The demand has pushed some salaries to \$75,000 per year for an experienced nurse, more than what a nursing instructor earns. The small number of nurses with master's degrees who are available and willing to teach exacerbates the overall shortage. The shortage is worsening. Everyone's healthcare costs will rise; patient care will suffer.

There is no magic solution. The usual stopgap measures won't work. Signing bonuses for nurses at hospitals

take a nurse away from somewhere else. Importing nurses through immigration policy takes nurses away from another country and stifles creation of U.S. jobs. In addition, immigration policies to encourage nurses to come to the United States have not worked well. Increasing salaries for nurses who teach is another often-floated solution. However, funding to double salaries for nursing professors creates havoc within faculty ranks. Hospitals and clinics do not have a miracle cure for the hectic and stressful work conditions that the shortage causes. If healthcare in the United States is an industry, prices will drive care away from those who can't pay until someone has a better idea. If healthcare is a public good and service, then the public sector, the government, should fund faculty salaries. This debate has been going on for years.

A key issue, mostly ignored now, is that neither internationally educated nurses nor healthcare employers know how to bring foreign-trained nurses into the nursing profession here in the U.S. More than 80 percent of Welcome Back enrollment is word of mouth. The stories are compelling.

When Teresa Samsel, a Welcome Back alumna, arrived from Poland 10 years ago, she could find work only as a clinical assistant, in a job that paid \$10 an hour. "People were waiting for care. They needed simple things like vitamin shots, which I knew how to do but I

couldn't because I didn't have a license," she said. What's worse, no one could tell her how to rejoin the nursing profession. "I was ready to go to school and get the degree all over again," she said. By chance, a friend saw a newspaper ad for the BHCC Welcome Back Center. Samsel is now a nurse again. "And I'm earning a lot more than \$10 an hour," she said.

Melanie Matthews arrived trained from Switzerland three years ago. "It's very hard to figure out what you have to do to qualify. Even at hospitals, they tell you that you can have a job when you get your license, but no one could tell me how to get the license," she said. "I was getting pretty desperate by the time I found out about the Center." She is back at the work she loves and has doubled her salary. At the Welcome Back Center, we have heard hundreds of these sad stories. Fortunately, for Welcome Back participants, their stories become a distant memory, replaced with the satisfaction of returning to fulfilling jobs.

In nursing today, licensing internationally educated nurses to practice in the United States does not take potential jobs from anyone. We need more nurses than nursing schools can graduate.

Moreover, as New England's population becomes more culturally diverse, Welcome Back graduates are adding their own cultural literacy and sensitivities to care in hospitals and clinics. Especially in our cities, medical professionals speaking only English struggle to help patients who do not speak English. Internationally educated nurses bring with them the bonus of understanding many languages, values and beliefs, but also must meet a high standard for speaking English under licensure requirements.

The nursing shortage has no single simple solution. Educators and policymakers can perhaps take a page from ancient advice to doctors faced with a difficult problem: First, do no harm. Let's recognize the value-added by assisting internationally educated nurses to obtain licensure here. This will put thousands of qualified professionals back to work where they belong—in our hospitals and clinics. Until a solution to the whole shortage emerges, we can change the world, one nurse at a time.



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